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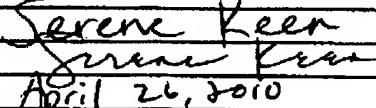
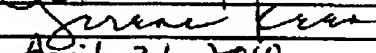
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27316 7590 01/26/2010

MAYBACK & HOFFMAN, P.A.
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.


(Depositor's name)

(Signature)
April 26, 2010
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/728,389	12/05/2003	Kevin Smith	SYN-8312	9231

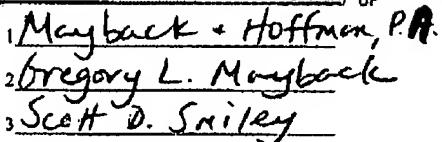
NAME OF INVENTION: TISSUE RETRCTOR AND METHOD FOR USING THE RETRCTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	04/26/2010
EXAMINER	ART UNIT	CLASS-SUBCLASS			84/27/2010 SZEWIDIE2 03305188 10728389	
WOO, JULIAN W	3773	606-139000		01 FC:1501 02 FC:1501	1510.00 OP 300.00 OP	

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

1D, LLC

Miami, Fl

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

The following fee(s) are submitted:

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 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 503836 (enclose an extra copy of this form).

Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Gregory L. Mayback 4/26/10

Typed or printed name

Gregory L. Mayback Reg. No. 40,719

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